PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number First Named Inventor	US030157			
		COMPLETE IF KNOWN				
		Application Number	1			
	OR	Declaration Submitted after Initial	Filing Date			
With Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit			
			Examiner Name			

As a below named inventor, I hereby declare that:							
My residence, post offic	e address, and citizenship	are as stated below next t	o my name.				
I believe I am the original, fi	irst and sole inventor (if only on ject matter which is claimed and	e name is listed below) or an	original, first and jo	oint inventor (if plura	al names		
•	RMODULATION DIST						
the specification of which	(Title of th	e Invention)					
is attached hereto							
OR							
was filed on (MM/DD	/YYYY)	as United States Ap	plication Number o	r PCT International			
Application Number	and	was amended on (MM/DD/Y	YYY)	(if	applicable).		
I hereby state that I have revie specifically referred to above.	ewed and understand the conte	nts of the above identified sp	ecification, includin	g the claims as am	ended		
applications, material informat	close information which is mater ion which became available be continuation-in-part application.	tween the filing date of the pr	in 37 CFR 1.56, in ior application and	cluding for continua the national or PCT	tion-in-part		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	Attached?		
Number(s)	Country			YES	NO		
					$\overline{\Box}$		
Additional foreign applicat	ion numbers are listed on a sur	onlemental priority data sheet	DTO/SB/02B attac	shad barata:			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numb or Bar Code Lab				OR	? [Correspondance address below		
Philips Electronics North America Corporation Name								
345 Scarborough Road								
Address								
Briarcliff Manor	New York	New York		10510		10		
City	State	State			ZIP			
U.S.A.		(914) 9	945-600	00	(914) 332-0615		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	A petit	ion has	been fi	iled for	this	unsigned inventor		
Given Name (first and middle [if any])		Family Name PERKINS or Surname			ıs			
Inventor's Signature Date # 2/7/2005					2/7/2005			
ENCINITAS	CALIFORN	IA US	SA			USA /		
Residence: City	State	Country			Citizenship			
Mailing Address 1661 NEPTUNE AVENUE 1668								
ENCINITAS	NEW YOR	***	92024			USA		
City	State CA Zip				Country			
NAME OF SECOND INVENTOR:								
Given Name (first and middle [if any])			ily Nam urname	е				
Inventor's Signature				Date				
Residence: City	State		Count	гу		Citizenship		
Mailing Address								
						· · · · · · · · · · · · · · · · · · ·		
City	State		Zip			Country		
Additional inventors are being named on the _ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

PTO/SB/96 (08-03)
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STATEME	NT UNDER 37 CFR 3.73(b) 05 DEC 2001
Applicant/Patent Owner: Koninklijke Philips Electronics N.	
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: ADAPTIVE INTERMODULATION DISTORTION	N FILTER FOR ZERO-IF RECEIVERS.
Koninklijke Philips Electronics N.V. (Name of Assignee)	a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
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2. an assignee of less than the entire right, title and The extent (by percentage) of its ownership inter in the patent application/patent identified above by virtu	rest is ———— %
A. [/] An assignment from the inventor(s) of the paten in the United States Patent and Trademark Office attached.	t application/patent identified above. The assignment was recorded e at Reel, Frame, or for which a copy thereof is
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The undersigned (whose title is supplied below) is auth	orized to act on behalf of the assignee.
12/2/05	Aaron Waxler, Reg. 48,027
Date (914) 333-9608	Typed or printed name
Telephone number	Signature
	Corporate Counsel
	Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/80 (11-04)

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OR Pra	actitioner(s) named below (if more than ten	patent practitioners are to be	named, then a cu	stomer number must	be used):	
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SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Millade. H	leven		Date 14 Jan		
Name	Michael E. Marion			Telephone (914) 333-9637	
Title	Authorized Represen	tative				

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